Information is needed by your funeral director. To assist yourself, you may wish to complete this form and take it with you when you make your arrangements.

COUNTY SAN BERNARDINO

PERSONAL HISTORY OF THE DECEASED

Name of Decedent

First	Middle	Last	
G.	D	D (CD' (1	
Sex	Race	Date of Birth	
Ethnicity			
Etimicity			
Birthplace			
2			
Name and Birthplace of Father			
•			
Citizen of What Country			
Social Security Number			
Marital Status			
Maritai Status			
Name of Surviving Spo	use		
Traine of Sarviving Spo			
Primary Occupation			
Number of years in this Occupation			
Employer			
Vind of Industry on Duc	·inacc		
Kind of Industry or Bus	iness		
Usual Residence			
Obdai Regidence		Street Address	
		201111111111111111111111111111111111111	
City-To	own		Country
,			•
State	e		Zip Code